



MAINTENANCE SERVICE REQUEST

Date _____

Name of Originator: _____ Phone No.: _____

Building Name: _____ Room No.: _____

Address: _____

Description of Work: _____

Index Code: _____ Sub Object Code: _____

FOR FACILITIES MAINTENANCE AND OPERATIONS SECTION USE ONLY

Please complete this form and forward it to:

Department of General Services
Facilities Maintenance and Operations Section
1301 Seven Locks Road, Rockville, Maryland 20854
301/279-8111, FAX 301/279-8100

G Number: _____

Date Received: _____

Assigned To: _____